



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Aceto US L.L.C./ 33427-	2. EPA Product Manager Carmen Rodia	3. Proposed Classification <input type="checkbox"/> General Use <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Aceto US L.L.C./ Aceto Dodine Technical MUP	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Aceto US L.L.C. 4 TRI HARBOR COURT PORT WASHINGTON NY 11050 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. [REDACTED] Product Name [REDACTED]	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Label printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input checked="" type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

New Product Registration. It is a Me-too of [REDACTED]
[REDACTED] A receipt for \$ 1,746 is attached.

Product ingredient source information may be entitled to confidential treatment

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
* Certification must be submitted	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container	Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 200kg, 1000kg, 1 ton		5. Location of Label Directions <input checked="" type="checkbox"/> Top <input type="checkbox"/> Side	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Sticker <input checked="" type="checkbox"/> Photograph <input type="checkbox"/> Other <input type="checkbox"/> Glued <input type="checkbox"/> Enclosed					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Dr. Matthew Brooks	Title Director, Ag-Chem Consulting	Telephone No. (Include Area Code) 703-266-0128
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Regulatory Consultant	
4. Typed Name Matthew Brooks	5. Date 10/21/21	